

**ARIZONA DEPARTMENT OF HEALTH SERVICES
CAPITAL EQUIPMENT EXPENDITURE REPORT
SUBVENTION CONTRACTS**

CONTRACTOR NAME

CONTRACT NUMBER

REPORT MONTH

NAME OF ITEM	DESCRIPTION*	DATE OF PURCHASE	TOTAL PURCHASE COST INCLUDING FREIGHT AND TAX	ADHS USE ONLY ADHS I.D. TAG NUMBER ASSIGNED
		TOTAL		

*Model Numbers, Serial Number, Brand Name, Number of Drawers,
Letter or Legal, Single or Double Pedestal, Arms or Without Arms,
Executive, etc.

SIGNED: _____
Authorized Contractor Signature and Date

TAGGING INSTRUCTIONS: ADHS Inventory Control Office will assign
and affix I.D. Tag numbers and return a copy of this report with the assigned
tag numbers.

ADHS USE ONLY:

Date Returned: _____

Inventory Control Officer Signature: